Geraty Ronald D Form 5/A February 16, 2010

FORM 5

OMB APPROVAL

3235-0362

1.0

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Number: January 31, Expires: 2005

OMB

no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

Check this box if

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response...

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported

Form 4 Transactions Reported

30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person * Geraty Ronald D

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

Issuer

INVERNESS MEDICAL INNOVATIONS INC [IMA]

(Check all applicable)

(Middle) (Last) (First)

3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year)

Director _ Officer (give title below) below)

10% Owner Other (specify

12/31/2009

51 SAWYER ROAD. SUITE 200 (Street)

(State)

(Zip)

4. If Amendment, Date Original

Filed(Month/Day/Year) 02/12/2010

6. Individual or Joint/Group Reporting

(check applicable line)

CEO, Alere Medical, Inc.

WALTHAM, MAÂ 02453

(City)

X Form Filed by One Reporting Person Form Filed by More than One Reporting

(City)	(State)	(Zip) Tab	ole I - Non-De	rivative S	ecurit	ies Acquired	, Disposed of,	or Beneficially	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securi or Dispo (Instr. 3,	sed of	` '	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
Common Stock	06/30/2009	Â	<u>J(1)</u>	606	A	\$ 17.5185	98,027 (2)	D	Â
Common Stock	12/31/2009	Â	<u>J(1)</u>	356	A	\$ 29.784	98,383 (2)	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 2270 (9-02)

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1	l. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	le and	8. Price of
I	Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Number	Expiration D	ate	Amou	ınt of	Derivative
,	Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Secur	ities	(Instr. 5)
		Derivative				Securities			(Instr.	3 and 4)	
		Security				Acquired					
		·				(A) or					
						Disposed					
						of (D)					
						(Instr. 3,					
						4, and 5)					
										Amount	
							Date	Expiration	m	or	
							Date	Title			
										of	
						(A) (D)				Shares	

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Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Geraty Ronald D 51 SAWYER ROAD SUITE 200 WALTHAM, MA 02453	Â	Â	CEO, Alere Medical, Inc.	Â				

Signatures

/s/ Jay McNamara, Attorney in Fact 02/16/2010

**Signature of Reporting Person D

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) These securities were acquired under the Inverness Medical Innovations, Inc. Employee Stock Purchase Plan. These transactions, which are exempt from Section 16(b) by virtue of Rule 16-3(c), are being voluntarily reported.
- (2) The form filed on February 12, 2010 is being amended to correct an error in the amount of securities beneficially owned following reported transaction.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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